

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 10, 2002- revised

RE: MDR Tracking #: M2-03-0258-01

IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an orthopedic surgeon who is board certified in orthopedic surgery. The orthopedic surgeon has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant is a patient who sustained an injury to her lower back at work on ____ while working for the _____. She has received neurosurgical treatment and has had facet blocks done and symptomatic treatment she has had MRI of the lumbar spine that was negative and also EMG and nerve conduction studies of the lumbar spine that is negative. She continues with complaints of intractable low back pain with some left radicular pain. She was found to have a normal neurologic exam by Dr. _____ who is a neurosurgeon.

Requested Service(s)

There has been a request made for a lumbar discogram to consider the possibility of invasive procedures to correct her problem with intractable low back pain. This particular study has been denied by the insurer.

Decision

It is my opinion at this time that the discogram would not be a reliable study as a predictor of significant pathology at the L5-S1 disc space.

Rationale/Basis for Decision

There has been literature presented at the North American Spine Society in 1997 and 1998 with studies principally from _____ by Dr. _____ that seriously questioned the reliability of discography particularly in patients with compensation injuries, chronic pain, and/or significant psychological problems. These are well controlled studies. The original study to the effectiveness of discography was done by _____ at the _____ in 1990 and this involved only ten subjects who were paid to participate and these were college students. Similar studies done in the general population and in older age groups which are more typical of the people who come to discography and also in people with compensation claims and psychological problems have shown that discography is not a reliable predictor of pain as a criteria to perform invasive spine procedures. Therefore, it would be my opinion that the use of discography in this particular individual would be inappropriate.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (pre-authorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,